Computer 2 3 2005	his form, together w	MAR 2 4 2005	or Fax	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents	1450	
INSTRUCTIONS: This to appropriate All further con indicated unless corrected maintenance fee notification	rm should be used for trac rrespondence including the below or directed otherwise	Spritting the ISSU Ratest advance or in Block DE by			ired). Blocks 1 will be mailed t ; and/or (b) ind	through 5 s o the current icating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
JOHN S. PRATT KILPATRICK STO 1100 PEACHTRE ATLANTA, GA 30	T, ESQ OCKTON, LLP E STREET	·Certi	fied Mail	No. 71603901. I hereby certify that tistates Postal Service addressed to the Matransmitted to the USI	on the control of the	ing of Transmittal is being ostage for fir FEE address 000, on the	smission  Ig deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.
25/2005 RMEBRAH1 00000	0077 09904154			Angela	M. Ross	i	(Depositor's name)
FC:1501	1400.00 OP			Unacla	Unacla motossi		
FC:1504 FC:8001	300.00 DP				March 11 , 20		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
TITLE OF INVENTION: M	METHOD AND DEVICE FO	OR PROCESSING	A SLAUGHTER A	NIMAL			
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	nonprovisional NO		)	\$300	\$17	00	03/23/2005
EXAN	EXAMINER		IT (	CLASS-SUBCLASS	SUBCLASS		
PARSLEY	, DAVID J	3643	3643 452-063000				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3 Kilpatrick Stockton				
					nee is identified	below, the	document has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
STORK PMT B.V.			THE NETHERLANDS				
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the patent)	: 🗖 Individual 🖷 (	Corporation or ot	her private g	roup entity Government
4a. The following fee(s) are	enclosed:	4b. Payment of Fee(s):					
lssue Fee			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form).				
	s (from status indicated abov	•	Dh Annliaentis	no longer claiming SMA	LI ENTITY et	atus See 37 (	CER 1 27(g)(2)
			• •				cation identified above. the assignee or other party in
Authorized Signature	COST		Date	March	<b>)</b> , 20	005	
Typed or printed name Kristin J. Doyle				Registratio	n No. <u>44</u>	,807	
Alexandria, Virginia 22313	on is required by 37 CFR 1 lity is governed by 35 U.S.C pplication form to the USP1 s for reducing this burden, s ginia 22313-1450. DO NOT -1450. ction Act of 1995, no person						nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,

TB - FEE(S) TRANSMITTAL